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ABSTRACT

A literature review on the topic of Acquired Immune Deficiency Syndrome (AIDS) in the workplace is presented with these objectives: (1) to identify the myths and realities of the disease; (2) to identify AIDS-related issues in the workplace; and (3) to identify how employers and companies handle and respond to AIDS in the workplace. Terms related to AIDS are defined. The literature reviewed, consisting of journal articles, books, and information from governmental agencies, is grouped and discussed under the three main topics. The first topic, myths and realities of AIDS, covers such issues as fear of AIDS in the workplace, description of AIDS, transmission of the disease, and risk factors. The second topic, issues related to AIDS in the workplace, discusses testing for AIDS, insurance, and legal issues. The third topic covers workplace policies, guidelines, and educational programs. It is concluded that there appear to be misunderstandings of the myths and realities of AIDS which cause fear, disruption, and discrimination in the workplace. It is noted that persons with AIDS are confronted with the possibility of termination, not being hired, discrimination, loss of benefits, screening devices, breech of confidentiality, and problems with anxious co-workers. It is recommended that employers prepare a policy statement on AIDS or include AIDS in a general policy along with other life-threatening illnesses. (ABL)

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POSITION PAPER

AIDS IN THE WORKPLACE: A LITERATURE REVIEW

Submitted by

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School of Occupational and Educational Studies

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In partial fulfillment of the requirements

for the Degree of Master of Education

Colorado State University

Fort Collins, Colorado

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CHAPTER I

INTRODUCTION

Background

Acquired Immune Deficiency Syndrome (AIDS) has been an issue of growing concern and controversy throughout the last 10 years. Statistics speak for themselves. According to the Surgeon General's Report on AIDS (1986) between 1.5 and 2 million people in the United States have carried the HIV virus, which causes AIDS. Other estimates have put the number as high as 3 million (Patterson, 1989). Nationally, the case-doubling rate will be every 12 to 15 months. By the year 1993, just 13 years after the first reported case of AIDS, an estimated 390,000-480,000 people will have been diagnosed with AIDS and 285,000-340,000 will have died. As of August 31, 1990, 146,746 AIDS cases have been reported (The Center for Disease Control, personal communication, October 19, 1990). Currently, a typical person with AIDS will have incurred between $40,000 and $140,000 in medical bills from diagnosis to death. In 1991, AIDS patients will have required health and support services between $8 billion and $16 billion (Masi, 1987).

The Surgeon General's Report on AIDS (1986) stated that AIDS was no longer the concern of any one segment of society but the concern of us all. The AIDS virus will spread to people now considered to be outside the high-risk groups. Those affected by this disease have been male, female, rich, poor,

Hispanic, black, white, Asian, and Native American (Lutgen, 1987). For every individual diagnosed, there will be an immediate circle of family and friends who are affected. The front lines of the AIDS war are advancing beyond cities like San Francisco and New York (Haas, 1989). The HIV/AIDS Surveillance (1991) reported that within a few years, 80 percent of new HIV infections will occur outside those areas where the infection is currently concentrated. San Francisco and New York will have less than 20 percent of all AIDS cases by 1993.

AIDS Education (1987) stated that significant productivity is lost due to illness, disability, and premature death. By 1991, AIDS will account for 12 percent of all income lost due to illness. The annual costs of illness and death from AIDS will be over $55 billion in productivity. Obviously, as 90 percent of HIV-related illnesses will strike working age adults between 20 and 49 years of age (Masi, 1987), AIDS in the workplace will become an inevitable issue.

Problem Statement

The problem addressed in this paper was: How have employers and companies handled or responded to AIDS-related issues and problems in the workplace?

Objectives

The objectives for this paper were as follows:

1. To identify the myths and realities of the disease.
2. To identify AIDS-related issues in the workplace.
3. To identify how employers and companies handle and respond to AIDS in the workplace.

Definition of Terms

Terms used in this paper were defined as follows:

AIDS: An acronym which stands for Acquired Immune Deficiency Syndrome, a condition which weakens the body's power to fight off illness, thus rendering it susceptible to a variety of otherwise controllable infections (Centers for Disease Control, 1988; Surgeon General's Report, 1986).

HIV-III: Human Immunodeficiency Virus, the virus which is believed to be the cause of AIDS.

High-risk Groups: Those people considered to be at high risk for acquiring AIDS include gay men, hemophiliacs, and intravenous drug abusers (Centers for Disease Control, 1988; Surgeon General's Report, 1986).

HIV-infected Person: Anyone who carries the AIDS virus. Some people remain apparently well after infection with the AIDS virus and have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others (Surgeon General's Report, 1986).

People with AIDS (PWA's): Formerly known as "AIDS victims"; any individual with a diagnosed case of AIDS. Symptoms may include a persistent cough, fever, shortness of breath, and purple blotches and bumps on the skin (Surgeon General's Report, 1986).

CHAPTER II

REVIEW OF LITERATURE

Introduction

The literature located by the reviewer was very recent, within the last five years. The reviewer was surprised to find as much literature as there was on AIDS, especially since AIDS in the workplace is a very recent topic. The reviewer focused on literature dealing with myths and realities of AIDS, AIDS-related issues in the workplace, and workplace policies, guidelines, and programs. Chapter II will be divided into three sections including the preceding three categories. The literature consisted of journal articles, books, and information from governmental agencies.

Search Process

The reviewer searched literature using resources available in Morgan Library at Colorado State University. The search was conducted using the ERIC, ABI, and PSYLIT computer systems. Primary sources included Education Index, Current Index to Journals in Education, and Resources in Education. Other resources utilized were: The National HIV and Information Service, AIDS Hotline, Colorado AIDS Information Line, and National AIDS Information Clearinghouse. The description used was AIDS in the workplace.

Review of Literature

Background Information

Acquired Immunodeficiency Syndrome (AIDS) is a syndrome caused by the human immunodeficiency virus (HIV) and distinguished by severe immune deficiency rendering it vulnerable to opportunistic infections, cancers, and neurologic lesions. These opportunistic infections include Kaposi's sarcoma, a rare skin cancer, pneumocystis carinii pneumonia (PCP), an uncommon lung ailment, and tuberculosis. HIV infects the major subset of T cells, defined "phenotypically" as T4 and operationally as inducer/helper cells. These cells are then depleted. HIV may also infect some nonlymphoid cells, such as nervous tissue cells. A wide variety of imperfections and abnormalities of T cells may be seen after infection with HIV, i.e. all parts of the immune system are affected. The complete dysfunction of the immune system in AIDS is caused by the loss of function of the critically important T4 helper lymphocytes (Merck Manual of Diagnosis and Therapy, 1987).

Myths and Realities of AIDS

AIDS has brought fear to the hearts of people--fear of the disease and fear of the unknown (Surgeon General's Report, 1986). The Surgeon General (1986) stated that fear can be useful when it helps people avoid behavior that puts them at risk for AIDS but that unreasonable fear can be as crippling as the disease itself. The purpose of this section is to separate fact from fiction about AIDS. This section will address the issue of fear and inform the reader about AIDS, how it is transmitted, the relative risks of infection, and how to prevent it.

Fear. The lack of information about HIV (Human Immunodeficiency Virus), the virus that causes AIDS, can create fear in the workplace (Fried, 1990). Much of the emotionality associated with it is brought to the workplace and has been shown to affect organizational morale and productivity (Heisler, Jones, & Benham, 1988). Reaction to the disease is still characterized by confusion, fear, and contradictions (Magnus, 1988). Fear and ignorance fuel discrimination and foster the spread of the epidemic (Haas, 1989).

Magnus (1988) stated that co-workers' fears were cited as the major issue related to AIDS by those responding to a Personnel Journal Poll in 1987. Smith (1988) described a recent study where two-thirds of those surveyed stated they would be concerned about sharing a bathroom with a person with AIDS. Forty percent expressed negative reactions about eating in the same cafeteria as persons with AIDS, and 37 percent would refuse to share work equipment or tools with a person with AIDS.

In a speech at Harvard University, Haas (1989) referred to a study, published by researchers at the Harvard School of Public Health, the findings of which were as follows:

1. One in four Americans would refuse to work beside a person with the disease.
2. Forty percent were opposed to having people with AIDS live in their neighborhood.
3. About half of that group, 17 percent, stated people with AIDS should be banished to an island as lepers once were.

1981. Employees often find themselves shunned or pressured to leave. This creates a dilemma for employers who must consider the rights and feelings of the employee who has AIDS and address the concerns and fears of the co-workers (Jones & Johnson, 1989).

Hamilton (1987) wrote that companies trying to alleviate the fear are finding that misconceptions about the disease die hard and there are a lot of people who are completely ignorant. The proper antidotes for this ignorance and fear are facts. The frequent reports of irrational and sometimes hysterical reactions toward persons with AIDS by uninformed employers and co-workers only heighten the need for an understanding of the myths and realities of AIDS (Stockham, 1987). A basic understanding of the medical facts is essential for solving AIDS-related problems in the workplace.

What Is AIDS? Several articles and publications discussed AIDS and its transmission (Surgeon General's Report on Aids, 1986; U.S. Chamber of Commerce, 1989; AIDS Education, 1987; The Red Cross, 1988; Centers for Disease Control, 1988; Schaefer, 1988; Stockham, 1987; Banta, 1988).

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. In the early 1980s, scientists narrowed the disease agent to a virus based on reported cases involving sexual practices and transfusions of blood or blood products. In 1983, the disease-causing virus was isolated and identified by both French and United States investigators (Stockham, 1987).

AIDS is a disease that affects the body's immune system, rendering it vulnerable to infections and viruses. AIDS is caused by the virus called Human Immunodeficiency Virus or HIV. The virus attacks the body's immune system

leaving it incapable of defending against certain unusual illnesses. These diseases are termed "opportunistic" infections and include Kaposi's sarcoma, a rare skin cancer, pneumocystis carinii pneumonia (PCP), an uncommon lung ailment, and tuberculosis. Certain cancers and infections are termed "opportunistic" because they take advantage of a suppressed immune system, plague people with AIDS, and eventually lead to death. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain (Banta, 1988; U.S. Surgeon General's Report, 1986).

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells. These include the white blood cells that constitute the immune system, certain brain cells, and certain cells lining the lower bowel (AIDS Education, 1987). Substances called antibodies are produced by the body and can be detected by a simple blood test, usually two weeks to three months after infection (U.S. Surgeon General's Report, 1986). The Report goes on to say even before the antibody test is positive, the person can pass the virus on to others. Once an individual is infected, there are several possibilities.

People infected with the HIV virus can be divided into three categories:

1. No signs - Some people remain apparently well after infection. They may have no physically apparent symptoms of illness. However, infected individuals can spread the virus to others.
2. ARC - AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which an individual tests positive for AIDS infection and has a specific set of symptoms. These symptoms are less severe than those with full-blown AIDS. Schaefer (1988) and Patterson (1989) reported

that the signs and symptoms may include loss of appetite and weight, night chills, skin rashes, diarrhea, tiredness, lack of resistance to infection, and swollen lymph nodes. In some patients ARC progresses to AIDS.

3. AIDS - The natural progression of the AIDS virus allows otherwise controllable infections to invade the body and cause additional diseases. These diseases eventually cause death. Schaefer (1988) and Patterson (1989) described the signs and symptoms of AIDS: a persistent cough, fever, shortness of breath, and there may be symptoms of PCP, a rare lung disease. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma, a rare form of cancer. The AIDS virus in all infected people is the same, but reactions of individuals may differ.

The U.S. Chamber of Commerce (1989) stated that most people who are infected will die of AIDS. According to the U.S. Chamber of Commerce (1989) half of all AIDS patients die within one year of the appearance of the disease; 80 percent die within two years. The Centers for Disease Control (1988) wrote that about half of the people with HIV develop AIDS within 10 years, but the time between infection with HIV and the onset of AIDS can vary greatly. The Surgeon General's Report (1986) stated that with our present knowledge, scientists predict that 20 to 30 percent of those infected with the virus will develop an illness that fits an accepted definition of AIDS within five years.

The Centers for Disease Control (1988) reported that there are promising new medical treatments that can postpone many of the illnesses associated with

AIDS. Scientists are becoming optimistic that HIV infection will someday be controllable. According to the Centers for Disease Control (1988) people who receive medical care to monitor and treat their HIV infection can carry on with their lives, including their jobs for longer than ever before. There is presently no cure for AIDS or vaccine to prevent AIDS.

The federal government has undertaken a $100 million program to test new drugs (Banta, 1988). Presently, the only drug being administered is called "azdothymidine" or AZT. AZT has proven to be effective in blocking the reproduction of the virus. AZT failed to kill the virus upon contact with cultures in the laboratory, but it stopped it from spreading. AZT was approved by the Food and Drug Administration in 1987. AZT is very expensive and has side effects (The National HIV and Information Service, personal conversation, February 1991).

Transmission. Several articles and publications discussed AIDS and its transmission (Surgeon General's Report, 1986; U.S. Chamber of Commerce, 1989; AIDS Education, 1987; The Red Cross, 1988; Centers of Disease Control, 1988; Schaefer, 1988; Stockham, 1987; Banta, 1988). The transmission of the HIV virus can occur:

1. Having sexual intercourse--anal, vaginal, or oral--with an infected person.
2. Sharing drug needles or syringes with an infected person. Sharing needles to inject drugs is the most dangerous form. Sharing needles for other purposes may transmit HIV. These include needles used to pierce ears, tattoo, and inject steroids.

3. A woman infected with HIV can pass the virus on to her baby during pregnancy, while giving birth, and in some cases when breast-feeding.
4. Some people have been infected by receiving blood transfusions. Since 1985 all donated blood has been tested for evidence of HIV. In addition, those who want to give blood have been screened out (not allowed to give blood) if they indicate that they are at risk of being infected with certain germs, including the AIDS virus. If antibodies to the AIDS virus (HIV) are found in donated blood, the blood is destroyed. The chance of becoming infected with HIV through transmission in the U.S. is now extremely low.

The American Red Cross (1988) stated that the test cannot completely eliminate all infected blood. This is because it is possible for people to donate blood or plasma shortly after becoming unknowingly infected or before their blood has produced antibodies that can be detected by current blood tests. The American Red Cross (1988) wrote that more specific and accurate tests are being developed.

The transmission of HIV cannot occur under the following conditions:

1. You will not get HIV through everyday contact with infected people at work, school, home, or anyone else.
2. You will not get HIV from giving blood at a blood bank or other collection center. The needles are used once, then destroyed.
3. You will not get HIV from clothes, phones, or toilet seats. It cannot be passed on by things like forks, cups, or other objects that someone who is infected has used.

4. You cannot get HIV from eating food prepared by an infected person.
5. You will not get HIV from a mosquito bite. You will not get it from bed bugs, lice, flies, or other insects.
6. You will not get HIV from shaking hands, hugging, or kissing. Experts are not completely certain about HIV transmission through deep or prolonged kissing. Most scientists agree that although it may be possible, it would be unlikely.
7. You will not get HIV from sweat, tears, urine, or excrement.
8. HIV is not spread by cough or sneezes.

The virus is present in semen, vaginal secretions, blood, and occasionally in low concentrations in saliva. After several years of observation, it has been shown that HIV has never been transmitted from one person to another unless infected semen, blood, vaginal secretions, or infected breast milk had been involved in transmission (The Center for Disease Control, 1988).

The American Red Cross (1989) emphasized that the virus cannot live outside the body, except momentarily in a drop of blood and cannot be spread through air, water, or on surfaces. The virus dies easily outside the body and is easily killed by heat, soap and water, or ordinary household bleach (Stockham, 1987; Schaefer, 1988). Stockham (1987) goes on to say the virus cannot survive in the open environment for more than 20 minutes.

Risk. AIDS can affect anyone--of any age or ethnic or racial background--who engages in behavior with an infected person that can transmit HIV--the virus that causes AIDS (U.S. Surgeon General Report, 1986). Even in major cities where AIDS has had its greatest impact (and where information has been most

available), it is still easy to find people who believe AIDS is exclusively a disease of the gay population (Smith, 1988). This is due perhaps because AIDS was first diagnosed among a small group of homosexual men on the West coast (Bayer & Oppenheimer, 1986). According to civil liberties lawyers, an increasing number of AIDS discrimination victims do not even have the disease (Boodman, 1986). Boodman stated AIDS has become an excuse to discriminate against gay people. Some test positive to the virus or live with someone who does. Others have been fired from their jobs, evicted, denied insurance, or stripped of their right to see their children simply because they are homosexual. Boodman (1986) cited an example where an orthodontist stopped a procedure on a patient after nurses refused to help him. The nurses saw that the patient had a male roommate waiting for him, and they thought the patient may be gay.

Whatever small comfort society previously took in the fact that early AIDS casualties largely came from high-risk groups such as homosexuals and drug users, there now is no doubt that AIDS is spreading into the heterosexual community (Banta, 1988; Cetti, 1987; Surgeon General's Report, 1986). Cetti (1987) stated, it is no longer the "gay cancer" that some thought at the onset of the epidemic. Cetti (1987) cited the following examples:

- A 72-year-old politician is dying in L.A. because of AIDS-tainted blood given to him during a 1983 heart operation.
- A 26-year-old prostitute in Germany tests positive, infected by a male patron.
- A helpless five-year-old child lies dying in Belgium--the disease brought on prior to birth from an infected mother.

- A young executive secretary dies of AIDS contracted during a brief affair with her manager.

Surveys from the Centers for Disease Control (1988) found:

- The average age for a girl in the U.S. to have sexual intercourse is 16. The average age for a boy is 15.5.
- It is estimated that 2.5 million persons are infected with sexually transmitted diseases. AIDS is sexually transmitted.
- Sixty percent of all American high school seniors have used illegal drugs. Some of these drugs are injected.

Haas (1989) stated that the number of AIDS cases is doubling each year among persons 13-21 years of age. Haas (1989) referred to a study conducted at a runaway shelter in New York City where approximately 40 percent of the adolescents were infected with HIV. Public health officials predict that the next "high-risk" group for AIDS will be sexually active teenagers (Banta, 1988).

Homosexual/bisexual men and intravenous drug abusers are at highest risk. The HIV/AIDS Surveillance (February 1991) stated that presently homosexual/bisexual men make up 59 percent of the reported cases of AIDS. The spread of AIDS within the homosexual community, however, seems to have slowed, reflecting the success of public education (Schaefer, 1988). In San Francisco, the annual rate of new infections among gay males is less than 1 percent (Haas, 1989). That compares to a rate of 10 to 25 percent just a few years ago. Although only 4 percent of new cases reported in 1988 were from heterosexual transmission, this was an increase of 69 percent over the previous

12 months (Schaefer, 1988). The data in 1986 showed it to be 1 percent (Kuzmits & Sussman, 1986).

The HIV/AIDS Surveillance (February 1991) reported that 5 percent of AIDS cases are from heterosexual contact. The National HIV and AIDS Information Service (1991) stated to this reviewer that these statistics are misleading as they are representative of reported cases of persons with AIDS. The statistics were taken from persons infected in the early 1980s. Estimates for heterosexual percentages are estimated to be higher in the HIV-infected category. (The National HIV and Information Service, personal conversation, February 1991). The Centers for Disease Control (1988) estimated HIV-infected individuals to be around 1.5 million in the United Sates alone. The increase in the heterosexual community is due to the continued practice of having "casual sex" with multiple partners whose sexual history is unknown and without practicing "safe" sex and continued practice of using intravenous drugs (Schaefer, 1988).

Almost 7 percent of the total cases reported in the United States involved females, confirming the fear that AIDS is being spread to the heterosexual community (Banta, 1988). Banta (1988) describes a study that concluded that 50 percent of the women and children with AIDS in the U.S. are black, most of whom contract the virus through intravenous drug use. A national study found that 73 percent of all female AIDS patients are minorities and 75 percent of all heterosexual victims are minorities (Banta, 1988).

The HIV/AIDS Surveillance (February 1991) reported the breakdown of reported AIDS cases as follows. The reviewer wants to stress again that these figures are reported cases of persons with AIDS.

- 94,126 (59%) Homosexual/bisexual males
- 24,398 (22%) Drug use/female and male heterosexual
- 10,557 (7%) Male homosexual/drug use
- 1,386 (1%) Hemophilia/blood transfusions
- 8,440 (5%) Heterosexual
- 3,684 (2%) Blood transfusions
- 5,696 (4%) Other - undetermined

The American Red Cross (1988) identified the following items to reduce the risk of HIV infection:

- Not shooting drugs
- Not sharing drug needles or syringes
- Abstinence from sex
- Having a monogamous relationship
- Having protected sex (using a condom and spermicide)

  There is no absolute guarantee even when a condom is used but experts believe that the risk of getting AIDS and other sexually transmitted diseases can be greatly reduced if a condom is used properly. Using a spermicide with a latex condom is recommended.

Issues Related to AIDS in the Workplace

Testing for AIDS. Several articles and publications discussed the HIV antibody tests (Lutgen, 1987; de Frisco & Kleiner, 1988; Bayer & Oppenheimer, 19868; Banta, 1988; Kuzmits and Sussman, 1986; American Red Cross, 1989). The articles described the following information on the HIV antibody test:

- Has been used since 1985 by blood banks to screen out HIV-infected blood.
- Is also utilized to assist in diagnosing cases of HIV infection in individuals.
- Indicates only exposure to the virus, not whether an individual actually has the disease.
- Does not indicate whether the individual will develop ARC or AIDS.
- Most popular test is called Elisa (enzyme-linked immunosorbent).
- Elisa is quite sensitive and has high false positive rates (positive results but individual does not actually have the antibody).
- A positive result from Elisa being confirmed by a more sophisticated test--the Western Blot--was recommended.
- False negatives are a possibility (an individual who recently contracted the virus but had not manufactured antibodies would produce a negative result).
- There is a 6 to 12 week hiatus between developing the virus and manufacturing the antibodies (Banta, 1988). The American Red Cross (1989) stated that some reports indicate that a few people may not develop antibodies for several months or years.
- A repeat test is recommended by the American Red Cross (1989) at a later date, especially if an individual is high risk, if the initial test is negative.
- Average cost for the Elisa is $60 and $80 for the Western Blot (Banta, 1988).

One of the most controversial and unsettled issues in the workplace is testing employees to determine if they have antibodies against the AIDS virus (Delauro, 1989; Hamilton, 1987). Banta (1988) and Delauro (1989) stated that three federal agencies have AIDS testing programs--the Department of the Defense, the Foreign Service, and the Job Corps. In 1985, the Pentagon announced that recruits for all the armed services must be tested, and any with any confirmed positive readings would be rejected. Further, the Army, Navy, Air Force, and Marines have a program for mandatory testing all current military personnel. Individuals having positive results are referred for medical treatment, limited service and medical observation programs. In 1987, the U.S. State Department began testing foreign service applicants, employees, and their families for the virus. Positive applicants are rejected, while employees will be restricted from working abroad.

The American Federation of Government Employees filed suit on behalf of their affected members, challenging this new testing policy (Banta, 1988). Bayer and Oppenheimer (1986) stated if concern about the health of military personnel can serve the largest single employer in the United States as a justification for screening all recruits, how long will it be before employers throughout the country with more limited access to scientific data and limited resources to cover medical care justify testing? Testing by these agencies has raised employment concerns (Dilauro, 1989).

Holtom (1988) referred to a survey in which the results were as follows:

- 87 percent believed high risk individuals should be tested.
- 71 percent believed individuals in health and food care should be tested.

- 74 percent believed all patients entering the hospital should be tested.
- 37 percent believed job applicants should be tested.
- 34 percent believed all present employees should be tested.

The U.S. Department of Health and Human Services has opined that there is no need for routine AIDS testing (CDC, 1988). The Centers for Disease Control (1988) stated employment testing is unwarranted because AIDS is not transmissible in the workplace including hospitals and restaurants. The U.S. Surgeon General (1986) has said mandatory testing is unwise.

Proposals to require antibody tests as a public health measure were quashed at a meeting held by the Centers for Disease Control in March of 1987 (Hamilton, 1987; Bauman & Aberth, 1988). A congress of scientists and epidemiologists met in Atlanta in 1987 and labeled required testing impractical and an invasion of privacy. Civil and gay rights organizations are highly critical of testing applicants or employees for AIDS.

Despite these recommendations some employers are considering AIDS testing (Kuzmits & Sussman, 1986). Jones and Johnson (1989) wrote about a company based in Dallas that began testing its food service applicants and employees in 1985. Anyone who turns up positive will not be hired as food service workers. Employees who turn up positive are not fired but referred for medical assistance. Kuzmits and Sussman (1986) stated that a Dallas attorney was preparing cases against this company for violating the Vocational Rehabilitation Act.

Greenberg (1989) wrote about a survey of 1,005 firms by the American Management Association in December 1988. The questionnaire was sent to

selected human resource managers and subscribers to Personnel. The survey revealed a slight increase in the number of companies offering an HIV test--7.5 percent in 1988 from 6.1 percent in 1987. The questionnaire asked respondents whether they offered a voluntary or compulsory test. Three-quarters of the respondents do so on a voluntary basis. Nearly two-thirds of the companies that tested were health-care providers and 14 percent were government and military units. Greenberg (1989) reported that just as health care providers lead in HIV testing they are also most active in sponsoring AIDS awareness programs. Nearly half of the health care providers in the sample have initiated an educational program. In another survey, only 2.5 percent of the respondents conducted AIDS antibody testing of employees (Feuer, 1987). A greater amount of small companies (50 to 99 employees) conducted AIDS testing compared to large companies. Feuer (1987) stated it could be that the per person cost of the test is prohibitive for large organizations.

Rogers (1989) stated HIV screening has benefits and disadvantages that must be weighed. Negative test results may provide reassurance in personal relationships and motivate individuals to refrain from high risk behavior. Positive test results may cause anxiety and may result in housing or employment discrimination, loss of insurance, stigmatization and isolation if the test results are known. False positives are particularly harmful regarding careers.

Some companies are surreptitiously testing blood samples that were taken for other reasons (Hamilton, 1987). Co-workers have demanded that some individuals be tested or even dismissed if they are suspected to be gay (Bauman & Aberth, 1986). Despite the arguments of the local health commissioner, county

supervisors seek to promote screening of all food handlers in Florida (Bayer & Oppenheimer, 1986). In New York City, some local leaders have called for the mandatory screening of teachers, health care workers, and barbers. Grant (1987) described an organization called Human Immuno-Deficiency Virus Eradication Foundation that has been urging Congress to implement mandatory testing programs and to require the quarantine and isolation of AIDS victims. If irrational fear and misinformation is not stemmed through effective education, other groups like this may form (Grant, 1987). Identified carriers may not be hired, fired, blacklisted, branded unemployable, and uninsurable (Banta, 1988).

Several authors listed the possible legal ramifications of testing in the workplace (Bohl, 1988; Lutgen, 1987; Dilauro, 1989; Holtom, 1988; Masi, 1987). A summary of the ramifications follow:

1. HIV testing may leave insurers and employers open to liability suits.
2. If testing is to be performed, all employees and applicants must be told they will be tested for AIDS. Colorado and several other states require prior written consent that acknowledges understanding and ramification. As of February 6. 1991, 31 states require informed consent prior to HIV testing (AIDS Policy Center, 1991).
3. Using the test results as a basis for hire could result in charges of discrimination.
4. Test results must be treated confidentially as all medical information. Employers and insurers need to know that disclosure to fellow employers is not required because no medical evidence exists to show that casual workplace contact will jeopardize other workers.

5. If test results are improperly disclosed, the employer may be open to suits for invasion of privacy, defamation, or intentional infliction of emotional distress.
6. In some states, AIDS patients are protected by the legal umbrella that prohibits discrimination against handicapped people.

The articles stated reasons for opposing mandatory testing:

1. The test does not identify whether an individual has or even will have AIDS.
2. The tests are sometimes inaccurate--they are both false positive and false negative.
3. Mandatory testing would be too expensive, difficult, and time-consuming.
4. Mandatory testing would stimulate concerns about confidentiality and discrimination, especially against HIV positive people who are healthy.
5. Mandatory testing could lead to many lawsuits.
6. Persons identified as positive may suffer great emotional stress, depression, and contemplation of suicide.

The authors cited situations in which testing would be advised:

1. All persons donating blood must be screened for HIV antibodies.
2. Women contemplating having a baby should be encouraged to be tested (especially those engaging in risky behavior).
3. Persons warned that they may be HIV positive from a sexual or drug experience or a blood transfusion prior to 1985 should be encouraged to submit to the test.

4. Health care workers or others exposed to contaminated blood or semen through an accident such as a needle stick or blood splash should be encouraged to report the incident and voluntarily submit to the test.
5. All authors agreed that it is desirable to have reputable places for people who wish voluntary testing. Finally, anonymous tests should be available for those concerned about breaches of confidentiality.
6. Providing the necessary resources for high-quality counseling services to individuals is of extreme importance. As of January 1991, 30 states mandated or authorized HIV counseling (AIDS Policy Center, 1991).

Insurance. A complex, sensitive issue with AIDS in the workplace is insurance. AIDS has the potential to pose serious crises for insurees and insurers alike (Grant, 1987). So far, insurers have been prohibited from excluding coverage of AIDS in their policies (Masi, 1987; Merritt, 1987). As payouts in medical benefits and life insurance for AIDS sufferers mount, insurers are trying to protect themselves from risk (Hamilton, 1987).

According to the Pacific Mutual Foundation, in 1991 alone, an estimated 145,000 PWAs will need health and supportive services totaling somewhere between $8-16 billion (Smith, 1988). Hospitalization accounts for 80-90 percent of the direct medical costs of treating HIV-related illnesses. Lifetime treatment costs for persons with AIDS range from $24,500 to $147,000 per patient (AIDS Education, 1987). In the past, health-care benefits accounted for 1 to 2 percent of a company's overhead (Masi, 1987). Today, they threaten to exceed 10 percent with a large portion going to the long-term care of patients with catastrophic or chronic conditions--a category that now includes AIDS. AIDS claims account for

about 1 percent of the total life, accident, and health claims tallied by insurers (Singer, 1989). The Health Insurance Association of America reports that a few employers have experienced medical insurance claims of $300,000-$500,000 for individual AIDS patients and pointed out that revenues have not been allocated for these claims (Banta, 1988).

Increasingly, discrimination cases involve insurance. Despite vigorous opposition from civil rights groups and some state governments, insurance companies, fearing an avalanche of AIDS-related claims, are increasingly asserting they have the right to require applicants for coverage to take the AIDS test (Shipp, 1987). Aetna, John Hancock, and Metropolitan require the AIDS test as a prerequisite for some types of individual health and life insurance claims (Hamilton, 1987). In some cases, insurance companies require unmarried men under 50 to be tested for exposure to the virus. In others, they reject those who name an unrelated male as a beneficiary (Boodman, 1986).

Opponents to the use of the antibody test argue that hundreds of thousands of people who may not develop AIDS will be unfairly denied insurance (Shipp, 1987). The commercial insurance industry has called for the government to establish so-called risk pools (Goldbeck, 1988). Some insurance companies deny policies to men who live in postal zip code districts known to have a high percentage of gays (Hamilton, 1987). Some companies are refusing to pay health care claims of AIDS patients by invalidating policies on technicalities. Hamilton (1987) cited an example of a client being denied a policy because he had failed to mention on his application that he had once been treated by an acupuncturist. Infected workers employed by self-insured companies or companies with small

group plans are being denied coverage (Haas, 1989). Hamilton (1987) and Banta (1988) wrote about a suit against Great Republic Insurance Company--requesting $10 million in damages. The suit alleged that the company denies coverage to unmarried males in certain occupations--including florist, hair dresser, and antique dealers. Another suit alleged that an HMO (Health Maintenance Organization) refused to accept applications from residents of San Francisco because of the higher probability of contracting AIDS (Banta, 1988).

The HIV epidemic has exposed and intensified the shortcomings of our current system (Haas, 1989). One in five AIDS patients have no insurance. Forty percent of all AIDS patients must rely on Medicare--more than four times the proportion in the population at large. AIDS is providing a major disincentive for small business and new employers to start offering health insurance, especially in light of the 37 million uninsured Americans and the growing political pressure to mandate coverage as a condition of employment (Goldbeck, 1988). Health insurance premiums for small businesses are already 10 to 40 percent higher than large firms (Singer, 1989). Companies with fewer than 50 employees are averaging rate increases of 30 percent. These rate increases are penalizing small businesses and are forcing many to cut back on benefits. The emergence of AIDS is just the latest and most dramatic demonstration of the inadequacy of a commercial insurance product designed in the 1940s asked to serve insurance objectives of the 90s (Goldbeck, 1988).

Many states have formal or informal rules to discourage use of the test by insurance companies (Hamilton, 1987; Shipp, 1987). California prohibits testing for AIDS and the use of blood tests for insurability, unless the individual consents.

Wisconsin has a law specifically prohibiting insurance companies from using AIDS test results in making decisions on policy coverage. The District of Columbia approved a bill prohibiting insurance companies from denying coverage to people testing positive for exposure to AIDS. Insurance companies have retaliated by dropping out of those markets (Hamilton, 1987). In the nation's capital, which has the strictest law, an estimated 80 percent of the 600 insurance companies in business there no longer write policies (Hamilton, 1987). A provision of the 1986 Budget Reconciliation Act requires companies with more than 20 workers to offer employees group insurance rates for 18 months after they leave the company, whether they leave voluntarily or not (Singer, 1989). Eight states--Minnesota, Connecticut, Indiana, Florida, North Dakota, Montana, Wisconsin, and Nebraska--have created pools to guarantee coverage to people whose initial applications for health insurance are refused (Bayer & Oppenheimer, 1986). Twenty other states at that time were considering similar legislation. Premiums vary, but they average about 150 percent of the insurance rates. Another area of litigation may arise as insurance companies challenge laws that limit or prohibit them from testing. Many companies feel AIDS should be approached in exactly the same manner as other illnesses including requiring a test for its existence at the time application is made with premiums keyed to the risk (Banta, 1988).

Eighty percent of people with health insurance have it through group plans that do not require scrutiny of individuals (Shipp, 1987). The pre-existing condition is usually waived for most people covered by group health insurance (Bayer & Oppenheimer, 1986). Employers who provide group health insurance are and will be treating AIDS like any other illness and new workers will be subject

to traditional pre-existing condition exclusions if they have been diagnosed as having AIDS (Goldbeck, 1988). Much less clear is the case when a worker has a positive HIV antibody test but does not have the disease. As long as a substantial proportion of those who test positive do not get the disease and the test continues to have significant false positives problems (especially when used on low-risk populations) employers will not equate a positive test with a pre-existing condition (Goldbeck, 1988). Bayer and Oppenheimer (1986) questioned what pre-existing means in the case of AIDS and state these matters have not yet been resolved. The pre-existing condition exclusion affects individuals who directly purchase insurance on their own.

Goldbeck (1988) and Masi (1987) stated the following problems existed for AIDS patients who are covered by private health insurance:

1. Treatment costs may exceed the maximum per hospitalization or lifetime benefits.
2. Experimental drugs and procedures are not reimbursed by most insurance carriers--and in the case of AIDS much of the clinical approach may entail novel efforts.
3. Out of hospital treatment including hospice care may not be paid in full.

AIDS has been responsible for the adoption of a relatively new atypical approach to health care. Masi (1987), Goldbeck (1988), and Haas (1989) discussed two of the latest developments in employee health benefit design: case management and comprehensive employee assistance counseling.

Case management is a process designed to customize care for individual patients with catastrophic illnesses. Case management utilizes atypical techniques such as providing services in a hospice or home care setting, custodial services, home care assistance with the purchase of special drugs, and the use of non-physician providers and community volunteer groups are examples of non-traditional benefits. Further, the patient is assigned an experienced health care professional to provide support and to act as a liaison. Employee assistance counseling provides a natural and confidential setting in which to address the emotional stress and depression that accompanies the receipt of a positive antibody test, a diagnosis of AIDS, or the pending loss of a colleague or family member. The employee assistance program is a good resource for workers who are anxious about working with someone with AIDS.

Masi (1987) stated that it is up to the employer to exert pressure on insurers to change policies so that case management and comprehensive assistance programs can be implemented more often. Case management was developed in San Francisco as a result of creative collaboration between the private and public sectors (Haas, 1989). Other communities can cut the costs of health care by following this approach or by developing their own models. To provide this type of care some employers are modifying their health plans to cover hospice, home care, prescription and experimental drugs, and mental health benefits (U.S. Chamber of Commerce, 1989). Some are also carefully considering plan options like pre-existing condition clauses and employer-paid provisions. The main objective being striking a balance between health needs of employees and their families and controlling costs.

Conflicts have arisen more often over life insurance than health insurance because individuals make up a substantial part of the life insurance market (Shipp, 1987). Grant referred to a study, commissioned by the 10,000 member Society of Actuaries in Chicago, which estimated that AIDS-related deaths could account for more than 20 percent of the claims against some life insurance companies. The American council of Life Insurance contends that those who test positive for AIDS antibodies have a 20 times greater chance of dying within five years than those who do not. A survey of 325 life insurance companies found that benefit claims were heavily concentrated in the first and second year after policies were issued (Hamilton, 1987). Bayer and Oppenheimer (1986) stated the life insurance industry fears that individuals, believing they are at increased risk for HIV infection or test positive might seek to insure themselves at high levels. Those at especially high risk have always had difficulty in purchasing life insurance.

Before insurers can ask about AIDS on their application forms, or require testing, they will have to receive permission to do so from the regulatory agencies of states in which they sell policies (Bayer & Oppenheimer, 1986). Whether or not insurers are discriminating, the fact remains that it is nearly impossible for someone to get medical or life insurance after being diagnosed with AIDS (Hamilton, 1987). Many companies are helping employees with AIDS retain benefits as long as possible. Kodak, IBM, AT&T, Levi Strauss, and Bank of America provide employees with AIDS with the same coverage as those with other chronic illnesses (Fried, 1990).

Singer (1989) and Boodman (1986) wrote that what the AIDS crisis does suggest is if employers do not wind up paying higher insurance premiums, then taxpayers, through Medicare, will pay for care of the growing number of AIDS patients on Medicaid and public assistance through their local, state, and federal taxes. Economists have estimated that the total U.S. costs associated with AIDS may reach $66.4 billion in 1991 and estimates for 1986-91 have gone as high as $112.5 billion (AIDS Education, 1987). Health care must be accessible to everyone and business must work cooperatively with insurance companies to devise cost-effective and humane solutions (Haas, 1989).

Legal Issues. The AIDS epidemic is beginning to stand out as a long-term health problem to which business and industry must respond. According to Stockham (1987), unlawful employment practices that were followed in the early 1980s are now being resolved through litigation. Evolving medical evidence and existing case law are being applied to AIDS-related issues in the workplace (Stockham, 1987). While the legal system continues to wrestle with the multiple issues surrounding AIDS, however, tensions between society's right to protect itself and the rights of an individual are building.

Some employers have responded to this dilemma by firing or refusing to employ PWAs (Letchinger, 1986). That course, however, is risky because lawsuits based on state and federal handicap statutes are being filed. These lawsuits are difficult and expensive to defend and often bring adverse publicity to companies (Letchinger, 1986). Letchinger (1986) cited the following examples:

- In Florida, an employee who was fired when diagnosed as having AIDS sued his employer for $5 million in damages.

administrative agencies could apply several existing state and federal laws for the purposes of protecting job applicants and employees with AIDS, respecting health and safety of other employees working with PWAs, and otherwise restricting employer flexibility in resolving these issues and problems. There are presently no laws preventing people with AIDS conditions from being hired or assigned to any job.

Waldo (1987) and Banta (1988) stated the principal federal law prohibiting discrimination in the workplace is Title VII of the Civil Rights Act of 1964. This statute prohibits discrimination on the basis of race, sex, religion, color, and national origin but not on the basis of "physical handicap" or "medical condition." There appears to be no basis for interpreting this federal statute, which applies to all employers employing 15 or more employees, as prohibiting discrimination against AIDS. Title VII definitely prohibits adverse action against a male or female, but discrimination by employers based upon sexual preference is not prohibited (Banta, 1988).

Several authors discussed federal and state discrimination laws employers should be aware of in dealing with PWAs and HIV-infected individuals in the workplace (Banta, 1988; Waldo, 1987; Ormsby, Franklin, Robinson & Gresham, 1990; Delauro, 1989; Rogers, 1989; Jones & Johnson, 1989; Ferectic, 1988; Saad, 1987; Holtum, 1988). The applicable federal law governing handicap discrimination is the Vocational Rehabilitation Act of 1973. This Act applies to employers who hold federal contracts of $2,500 or more, subcontractors to such an employer, and those who participate in a federally funded program. These employers may not discriminate against otherwise qualified individuals solely on

the basis of their handicap. A "qualified" handicapped person is one who with reasonable accommodation can perform the job.

In Arline vs. School Board of Nassau County, the U.S. Supreme Court held that tuberculosis is a protected physical handicap under that statute. Many legal observers argue that the Arline decision is a legal victory supporting the position that AIDS is in fact a physical handicap protected under the Rehabilitation Act (Waldo, 1987; Letchinger, 1986; Jones & Johnson, 1989). The refusal to hire, or the decision to terminate employment of a capable individual because of a health condition is deemed a violation of the laws to protect the handicapped (Rogers, 1989; Holtom, 1988). To the extent AIDS impairs the immune system and persons suffering from the disease are unable to fight infection, AIDS is similar to leukemia which has been deemed by the courts to be a covered handicap (Letchinger, 1986). Rogers (1989) stated that if AIDS or HIV infection does not impair job performance or place co-workers at risk, discrimination is not justifiable.

Employers must remember that unless they have a contract or subcontract or receive federal funds from the government they may be exempt from federal laws (Waldo, 1987). Many private companies, exempt from federal laws, are covered by state or local laws applicable to AIDS situations (Banta, 1988; Saad, 1987). Most states, like federal agencies and courts, are using existing laws to protect individuals. Although state laws may vary, the majority of statutes prohibit discrimination against handicapped individuals (Holtom, 1988; Jones & Johnson, 1989). A growing number of states are applying these laws to PWAs (Ferectic, 1988). According to Banta (1988) and Saad (1987), 42 states and the

District of Columbia have laws protecting the handicapped from discrimination. Considerable litigation involving AIDS is anticipated (Banta, 1988). Twenty four states and the District of Columbia prohibit AIDS-related discrimination. Six states accept and investigate AIDS-related discrimination complaints, and five states consider AIDS-based discrimination improper (Ferectic, 1988).

"High prevalence" states such as California and New York have tended to adapt the most elaborate and specific AIDS workplace legislation (Jones & Johnson, 1989). Waldo (1987) and Banta (1988) reported that many cities throughout the country have adopted local ordinances specifically protecting the rights of PWAs and HIV-infected individuals. (e.g., Los Angeles, Sacramento, and Austin). Although specific provisions of these ordinances vary, in general, they give individuals who can prove they have been discriminated against the right to recover actual damages and in some instances attorneys' fees and possible reinstatement to work (Waldo, 1987).

Jones and Johnson (1989) stressed that the federal Rehabilitation Act of 1973 and most state and local laws require employers to make a "reasonable accommodation" to the handicaps of otherwise qualified employees. These might include job restructuring, a part-time or modified schedule, leave without pay when pay leave is exhausted, or re-assignment to a position with less physical requirements (Lutgen, 1987). The employer has an obligation to explore these options before deciding to release an AIDS or HIV employee from the organization (Lutgen, 1987). Employers should treat AIDS-infected individuals the same as any other employee with a handicap (Waldo, 1987). When an AIDS-infected individual cannot reasonably perform his/her job, then the employer may

terminate employment (Jones & Johnson, 1989; Ormsby, Franklin, Robinson, & Gresham, 1990). However, an employer must be prepared to show that the employee's performance has deteriorated below minimum standards and that "reasonable accommodations" were implemented. For most employers, this will mean providing them with a medical leave and placing them on long-term disability. Jones and Johnson (1989) suggested careful documentation of personnel actions and research on relevant and current laws to preclude a wrongful discharge suit.

Delauro (1989), Feuer (1987), Kuzmits and Sussman (1986), and Ferectic (1989) discussed other statutes protecting AIDS-infected individuals in the workplace:

1. Employee Retirement Income Security Act of 1974 (ERISA)
   - ERISA prohibits an employer from discharging an AIDS employee in order to deny him/her entitled benefits.
2. The Comprehensive Omnibus Benefits and Retirement Act (COBRA).
   - COBRA makes an AIDS employee eligible to continue receiving medical benefits for 18 months after termination.
3. Occupational Safety and Health Act (OSHA)
   - Employees may refuse to work in dangerous, hazardous or life-threatening work environments.

AIDS is not deemed dangerous by current medical evidence except in certain health-care situations, where specific precautionary measures are recommended. The U.S. Chamber of Commerce (1989) stated that in general, employers' reasons for discharging or not hiring an AIDS-infected individual,

including adverse reaction from the public and co-workers are likely to be illegal. However, companies can argue against employing a PWA if impairment of the person's mental facilities could endanger the safety of others or if excessive absenteeism could prevent fulfillment of the job.

Workplace Policies, Guidelines, and Programs

Policy. According to Brumback (1988), 70 percent of respondent companies in a recent survey neither have or are currently developing an AIDS policy. Masi (1987) referred to a poll conducted in March 1987 of 600 senior human resource executives by Louis Harris and Associates that found 89 percent of respondents had no specific policy for dealing with AIDS. Dilauro (1989) wrote about a survey conducted by the American Management Association (AMA) in which questionnaires were sent to 400 human resource managers across the country. Only 4 percent of the respondents had policies dealing with AIDS. Only 5 percent of human resource managers in a survey indicated the existence of an AIDS policy (Nykodym, 1989). Feuer (1987) and Nykodym (1989) cited the following reasons companies are not preparing AIDS policies:

- AIDS is not an issue at their company.
- It is too early to set a policy since the "facts" on AIDS are still changing.
- Some say they do not want to single out AIDS and that they prefer to treat it as any other catastrophic illness.
- It may obligate the employer to a course of action that future events may prove unwise.
- Business leaders are no better informed about AIDS than anyone else.

- Some firms do not have the medical, legal, and human resource staffs needed to develop a policy.

As the number of AIDS cases and the cost of care continues to rise, employers are beginning to recognize the need to formulate some kind of policy (Delauro, 1989). A sound policy can protect a company against lawsuits as well as against lowered morale (Brumback, 1988). An enlightened, educated, and preventative response is not only more compassionate, but also more successful (Brumback, 1988). The Surgeon General (1986) recommended that a policy exist at the workplace well in advance of the first AIDS case. Education for employers and employees, accommodation at the workplace for AIDS patients, and treating employees with AIDS as any worker with a chronic illness are strongly recommended. By establishing a policy, the Surgeon General (1986) stated the number of AIDS-related conflicts could be minimized.

Guidelines. Major companies have based their AIDS policies on the CDC guidelines issued for employers dealing with AIDS in November 1985 (Brumback, 1988). Its basic recommendation was that a person with AIDS not be restricted from work in any area unless there is evidence of other infections or illnesses for which any employee in that area of work should be restricted.

The literature provided the following guidelines for implementing an AIDS policy (Singer, 1988; Saad, 1987; de Frisco & Kleiner, 1988; Smith, 1988; Patterson, 1988):

- Employers should develop a team of concerned people who will be proactive, develop and direct the program, and garner strong support from management.

- All levels of company should be educated, starting with top management.
- Seek guidance on legal responsibilities.
- The benefit package should be reviewed with insurer to ensure broad and flexible coverage for catastrophic illness.
- Reasonable accommodations will be implemented.
- Medical information will remain confidential and personal.
- The human resources department should be available for counsel.
- Stay current with the latest information from CDC.
- An in-house employee assistance program is useful for counseling and referrals.
- Employees with AIDS will be allowed to work while they are physically capable to perform the job.
- The current state of the employee's health and his/her ability to carry out duties will be evaluated.
- Provide communication and educational resources.
- Sensitivity to co-workers needs as well as the PWAs.
- Referrals to outside support systems should be available to all employees.

Singer (1989) listed "ten principles for the workplace." These guidelines were formulated by the Citizens Commission on AIDS for New York City and Northern New Jersey and have been endorsed by more than 370 companies:

1. People with AIDS or HIV infection are entitled to the same rights and opportunities as people with other serious or life-threatening illnesses.

2. Employment policies must comply with federal, state, and local laws and regulations.
3. Employment policies should be based upon scientific and epidemiological evidence about AIDS.
4. The highest level of management should endorse non-discriminatory employment policies and educational programs about AIDS.
5. Employers and unions should communicate their support of these policies to workers.
6. Employers should provide employees with up-to-date education about risk reduction in their personal lives.
7. Employers have a duty to protect confidentiality of employees' medical records.
8. Employers should not require HIV screening as part of pre-employment or general workplace physical examinations.
9. To prevent work disruption and rejection by co-workers, employers and unions should undertake education for all employees before such an incidence occurs.
10. In occupational settings where there may be a potential risk, employers should implement universal precautions.

Education. The cornerstone of any corporate policy will be its educational program (Stockham, 1987; Lutgen, 1987). Riccio and Zaenger (1989) stressed that by implementing an HIV/AIDS education program, fears about the disease can be diminished, employees can be provided with available options to reduce their risks,

and people affected by the epidemic can be assisted. They listed the following reasons some employers may be reluctant to develop an education program:

- A belief that the disease will not affect them.
- A belief that an education program will somehow link their company to the disease.
- A desire to avoid unnecessary employee fears that could cause disruption in the workplace.
- A fear of an unfavorable public image.
- A discomfort in addressing sexual and drug behavior.
- An expectation that the media or government will sufficiently educate employees.

Riccio and Zaenger (1989) wrote these concerns are a product of the general lack of public education about HIV/AIDS. Goldbeck (1988) stated that education is not only the best defense against AIDS--it is currently the only defense. The following guidelines have been offered for an educational program:

- Managers need to be taught basic information on the medical, legal, ethical, and social issues of HIV/AIDS.
- Train personnel who are to become AIDS resource specialists or enlist outside speakers or educators to provide education programs.
- Distribute new information as it becomes available (brochures, newsletters, seminars, speakers).
- Appoint a task force to gather and distribute information and to structure the education program.

- Educate all employees on the myths and realities of the disease (Ormsby, Franklin, Robinson, & Gresham, 1990; Riccio & Zaenger, 1989).

Large companies in California are leading the way in terms of employer-sponsored AIDS education. Given the high incidence of AIDS in this state, this is not too surprising. While several east coast companies, including CBS, Citicorp, and the Boston Globe, have made some attempts to get basic information to their employees, they typically have attacked the problem on a smaller scale. AIDS education in the midwest and south is almost nonexistent (Feuer, 1987).

Cetti (1987) discussed three companies which have internal education programs. General Motors is currently chairing a task force on AIDS awareness. Time, Inc. now distributes pamphlets, conducts workshops, makes available company-sponsored video cassettes, and provides AIDS counseling for employees at the company's expense. San Francisco-based Wells Fargo Bank utilizes films, brochures, and seminars to inform its work force. Employee Relations and Human Resources Bulletin (January 1987) stated Levi Strauss is now implementing a more comprehensive employee education program--an "AIDS in the Workplace" package that was developed cooperatively by a coalition of San Francisco Bay-area corporations and is now available to any company. It features a video, informational brochures, a manager's guide, and a guide for policy makers. Other pacesetting companies addressing AIDS by initiating and funding education programs include: AT&T, Bank of America, Chevron Corporation, Pacific Telesis, Wells Fargo, and Transamerica Life Companies.

Ardoin, Armstrong and Merritt (1988) wrote that having an employee with AIDS forced Bank of America to develop guidelines for dealing with AIDS in the workplace in 1983. By 1985 much more was known about AIDS so Bank of America decided to develop a policy. A task force was formed and the team discovered that employees with other life-threatening illnesses faced many of the same problems as AIDS patients. Therefore, a general life-threatening illness policy was devised. The multi-part policy included a central philosophy, a communications plan, a benefits package, a training strategy for managers and support and referral. Employees with life-threatening illnesses may continue to work as long as they meet acceptable performance standards and are not a health or safety threat to themselves or others. Privacy will be protected and education is an on-going process. Based on its proven effectiveness, Bank of America's policy has become a model from which other businesses pattern their own policies (Ardoin, Armstrong, & Merritt, 1988).

Levi Strauss is considered a leader in the AIDS movement (Prokesch, 1987). At least a dozen of their 1500 employees had contracted the disease and some died. Levi Strauss responded with a program that appeals both to co-workers and HIV-infected individuals. While the program has encountered resistance at some of Levi's operations in the South, it is seen as a model for companies still trying to determine what to do. Levi Strauss treats AIDS like any other catastrophic illness by providing a comprehensive education program including counseling. They do not test for HIV infection and they are involved in community support.

International Business Machines (IBM) Corporation also created a policy to ensure that employees who have HIV disease are treated like other chronically

ill people. IBM employees who have this condition will be afforded privacy, permitted to work, eligible for usual IBM benefits, and provided management support, training, and education (Koch, 1990). Although IBM classifies HIV diseases into its general disability policy, AIDS is mentioned specifically.

Knowing the facts about AIDS is important in helping to diminish fear, disruption, and discrimination in the workplace. As the AIDS epidemic continues to spread, its consequences will increasingly be felt in the workplace. Issues facing PWAs in the workplace include fearful, anxious co-workers, retaining jobs and benefits, and discrimination.

Employers will be forced to confront issues related to AIDS such as employee fears, company policy decisions, and benefit programs. Education is the best prevention against the spread of this disease as well as the best guarantee that workers will respond rationally and compassionately to a co-worker with AIDS.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This review of literature underscores the presence of AIDS-related issues and problems in the workplace that need to be acknowledged and addressed. There appear to be misunderstandings of the myths and realities of AIDS which cause fear, disruption, and discrimination in the workplace. PWAs are confronted with the possibility of termination, not being hired, discrimination, loss of benefits, screening devices such as testing for AIDS, breech of confidentiality, and dealing with anxious co-workers who may not have a clear understanding of the epidemiology of the virus and its method of contagion. The research also indicated there are a number of serious issues facing the employer, including the safety of the workplace, protecting the health of the PWA and other workers, the cost of health insurance, the reactions of co-workers to the presence of the PWA in the workplace, and the need to keep up with current medical facts and legal responsibilities surrounding the disease.

The research showed that it is inevitable that workers with AIDS will eventually be a part of almost all organizations. Although few companies presently have a policy or guidelines outlining their philosophy on AIDS, the research indicated that a pro-active approach regarding AIDS was needed. Many companies that have developed AIDS policies or included AIDS in their current

policy have treated AIDS as any other life-threatening disease, permitting the PWA to continue working and retaining benefits, providing counseling, support and education, retaining confidentiality, and treating the individual with respect and dignity.

The research suggested the importance of employers keeping abreast of the most current up-to-date medical and legal information. Following the CDC guidelines was recommended. Other recommendations provided by the research included voluntary testing if at all, education of all employees in the workplace starting with top management, and the use of existing handicap and discrimination laws to protect PWAs in the workplace. Lastly, an AIDS education plan is recommended to alleviate fear and myths of the disease.

Recommendations

The reviewer presents the following recommendations based on the literature in the form of a "sample" policy. The reviewer recommends employers prepare a policy statement on AIDS or include AIDS in a general policy along with other life-threatening illnesses. The reviewer advocates a pro-active stance toward AIDS.

Philosophy:

- Employees with AIDS or other life-threatening illness will be treated with dignity and respect.
- Employees with AIDS or other life-threatening illness can continue to work as long as they are physically able to perform the requirements of the job. Both Ritter (1989) and Patterson (1988) found work to be

therapeutic for the AIDS patient often providing the only constructive opportunity for social interaction and stimulating exchange.

- Employees with AIDS or other life-threatening illness will be eligible for work accommodation such as flexible hours, more frequent breaks, medical time off, and transfer requests.
- Determination of whether an employee with AIDS can adequately perform requirements of his/her job should be based upon the same criteria that applies to any other "handicapped person."
- The employee's health and his/her ability to perform the requirements of the job will be evaluated.

Benefits:

- Company medical coverage, disability leave, and life insurance should not distinguish between AIDS and any other life-threatening illness.

Hiring:

- The company does not normally test applicants and employees for HIV infection. Under special circumstances where testing may be warranted the reviewer advises voluntary testing with confidential results.
- The company asks no AIDS screening questions on employment applications.

Confidentiality:

- The company guarantees complete medical confidentiality.

Education:

- The company will implement an employee education program. The program will include an overview of company philosophy, myths and realities of the disease, and updates on current education.
- The reviewer recommends using pamphlets, newsletters, and videotapes available through an Employee Assistance Program (EAP) or Human Resource Department.
- The reviewer recommends that the company enlist outside speakers to provide educational seminars.

Support Programs:

- Individual, family, and group counseling should be made available to employees, co-workers, and families through an Employee Assistance Program (EAP), Human Resource Department, or outside agency.
- Make available to employees referrals to support agencies in the community.
- Conduct department and management counseling sessions or workshops. Topics might include grief, contracting AIDS, myths and realities, how to deal with feelings, and co-workers' fears.

Task Force:

- A task force made up of employees from divisions/departments will be appointed to support the education program.

Other:

- Managers are held accountable for creating a work environment that is supportive and safe for all employees.

- The company will stay informed of the most current up-to-date medical facts and the status of the law in the context of AIDS-related issues. Letchinger (1986) stated that the status of the law is still developing regarding AIDS, but it appears that the traditional concepts of non-discrimination and reasonable accommodation will apply.
- The company will update this policy periodically to accommodate the changes anticipated in medical knowledge, legislation, and case law as the AIDS epidemic and society's responses to it develop.
- The company will provide community support and outreach to small businesses and companies (workshops, consulting, accessibility to education resources and information). Large companies have a duty and responsibility to share information, expertise, and resources with smaller companies (Haas, 1989).

The question is not whether businesses should become involved, but what can businesses do. AIDS presents opportunities as well as challenges for business and labor. Businesses can meet this challenge by actively dealing with AIDS as a workplace issue. Some companies have courageously spoken out on AIDS and developed policies and education programs. Some companies remain on the sidelines, convinced that they and their communities are not yet directly experiencing the impact of the epidemic. The AIDS epidemic has just started. The full impact is still in front of us.

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